



TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING:

H.B. 7156, AN ACT CONCERNING HOSPICE SERVICES
H.B. 7193, AN ACT CONCERNING A WAIVER FROM STATE LICENSING REGULATIONS
FOR HOSPICE -ONLY PROVIDERS

Monday, March 5, 2007

Good Morning Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Carol Mahier and I am the President of the Board of Directors of The Connecticut Council for Hospice and Palliative Care and, for the last 20 years, the Executive Director of Hospice Southeastern Connecticut. The Connecticut Council for Hospice and Palliative Care represents virtually all of the hospice programs in Connecticut. Currently all towns in Connecticut are served by at least one of the 30 Medicare certified hospices: 27 of them are community-based non-profits, including the first hospice program in the United States.

The Council **supports** H.B. 7156, which reinforces the philosophy that hospices must serve patients across all stages of end of life care, and in all settings. The bill also clarifies that only licensed and certified Medicare hospices can use the term "hospice." Enactment of this bill would help accomplish part of the Council's 2007 legislative agenda. We have some minor proposed technical changes that are footnoted in our testimony.¹

I was part of the years long process to create hospice regulations. At least 7 different hospice program leaders met regularly with Department of Public Health officials to purposefully and carefully design/establish regulations to guide the provision of hospice care in Connecticut. At that point, we were one of a handful of states without minimum standards of care. A clear outcome from that process was a consensus that CT wanted a home care based model that ensures that patients could be treated across all settings.

The Council also **opposes** H.B. 7193. It would remove regulations that were purposefully, thoughtfully created for the good of terminally ill patients and their families. To remove regulations exposes already vulnerable patients/families during such a difficult time.

¹ Proposed technical change to HB 7156: that the word "or" in Section C and in the Statement of Purpose be changed to the word "and", thus requiring that hospice programs be licensed by the Department of Public Health and be Medicare Certified.

Specifically, waiver of state licensure regulations as envisioned in H.B. 7193 could result in: decreased requirements for personnel qualifications, training and education; decreased supervisory requirements, elimination of staffing ratios; minimal/non-specific quality assurance requirements; and non-specific responsibilities for services rendered & timeframes for documentation.

Setting up a hospice program is a unique endeavor. It is specialty care that only has one chance to succeed in its mission and if it were one of our loved ones who chose /needed hospice care we would want assurance of expertise, regulatory compliance and depth of the services.

A very positive by-product of Connecticut's hospice Regulations/ regulatory structure is the continuity of care for "pre-hospice" or palliative care patients. For those patients who are dying and not yet ready for hospice, CT's structure provides seamless care by the same care giving team. Elimination of state licensure would result in diminished continuity of care of patients as they move back and forth between traditional home care and the hospice benefit under Medicare.

Each state must have a model that makes them accountable in their own way for their neighbor's care at the end of life. Other states have regulatory structures that ensure quality. For instance, 12 states require a Certificate of Need (CON) to establish a hospice program. Under that approach, applications are competitively reviewed under a range of criteria, including expertise and commitment to community service. We are not necessarily advocating for that solution – we simply ask that you affirm CT's well thought out approach by enacting H.B. 7156 and rejecting H.B. 7193.

Thank you for the opportunity to speak and your consideration of our comments.